

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097937722**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2					53						
4		2					54						
5		2					55						
6		①					56						
7	1						57						
8	1						58						
9	1						59						
10	1						60						
11		①					61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16		①					66						
17	1						67						
18	1						68						
19	1						69						
20	1						70						
21		4					71						
22		4					72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27		4					77						
28		①					78						
29	1						79						
30	1						80						
31	1						81						
32	1						82						
33	1						83						
34	1						84						
35	1						85						
36	1						86						
37	1						87						
38	1						88						
39	1						89						
40	1						90						
41	1						91						
42	1						92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	9						TOTAL DEP.						
TOTAL CLAIMS	12						TOTAL CLAIMS						